

Evidence-based support for national screening programs

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Dr. med. Franz Piribauer, MPH (Harvard93)
Physician, Business Consultant (Owner of PiCo UB)

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Innovationen umsetzen

Content

- What could evidence do?
- What is a screening programme?
- How is benefit/harm produced?
 - National evidence
- The EU watches us
- Conclusion / Discussion

Evidence and national screening policy e.g. Health check ups (Gesundenuntersuchungen) – international 1900 - 2005

- „Periodic Health Examination“ (PHE) in USA
 - **Eminenz based**
 - » 1900 – 1950: Routine creeps in via „insurance medicine“
 - **Two studies of „sufficient methodologic quality“ clarify ¹:**
 - » No difference (RCTs, N=17.000 Personen, 9 resp. 17 years follow up time)
 - » 1975 - 1985: health check ups stopped (USA); not started (UK)
- Targeted preventive interventions replace check ups :
 - **Evidence based**
 - » 1976 -> „Preventive Service Task Forces/ Screening Committees“ ²
 - USA, Kanada, UK, Australien
 - » 2005: Reform of content of nationwide Austrian PHE

¹ Screening Evidence and Practice, Raffle A., Gray M., Oxford 2007

² Vorsorgeuntersuchung Neu – Wissenschaftliche Grundlagen, Piribauer F. et al., Graz 2005

Presentaion on past conference, Krems February 2008: „The Cancer Institute“



Australian Technology Park
Sydney

» Biomedical Building

Evidence and implementing screening policy e.g. cervical cancer screening

- **Evidence presented by Anne Mackie today:**
 - A detailed population based screening management is absolutely necessary (PBSM = Public Health Programm) ¹
- **Implementation bench-marks :**
 - UK ¹ ...
 - Australia, New South Wales , 7 million inhabitants
 - „The Cancer Institute“ as model für nations with „fragmented health care systems “
 - ~ 70 central staff (epidemiologists, managers, PR people, ...) ^{3,4}

¹ Screening Evidence and Practice, Raffle A., Gray M., Oxford 2007

³ Morell, S. & Ross, J. Interview at the NSW Cancer Council, Sydney, Australia. Piribauer, F. 8-11-2007

⁴ Wain, G. & Ross, J. 2001, Strategic Plan 2000 - 2004 NSW Cervical Cancer Screening Programme, Sydney.

What is a screening programme? „the landmap“

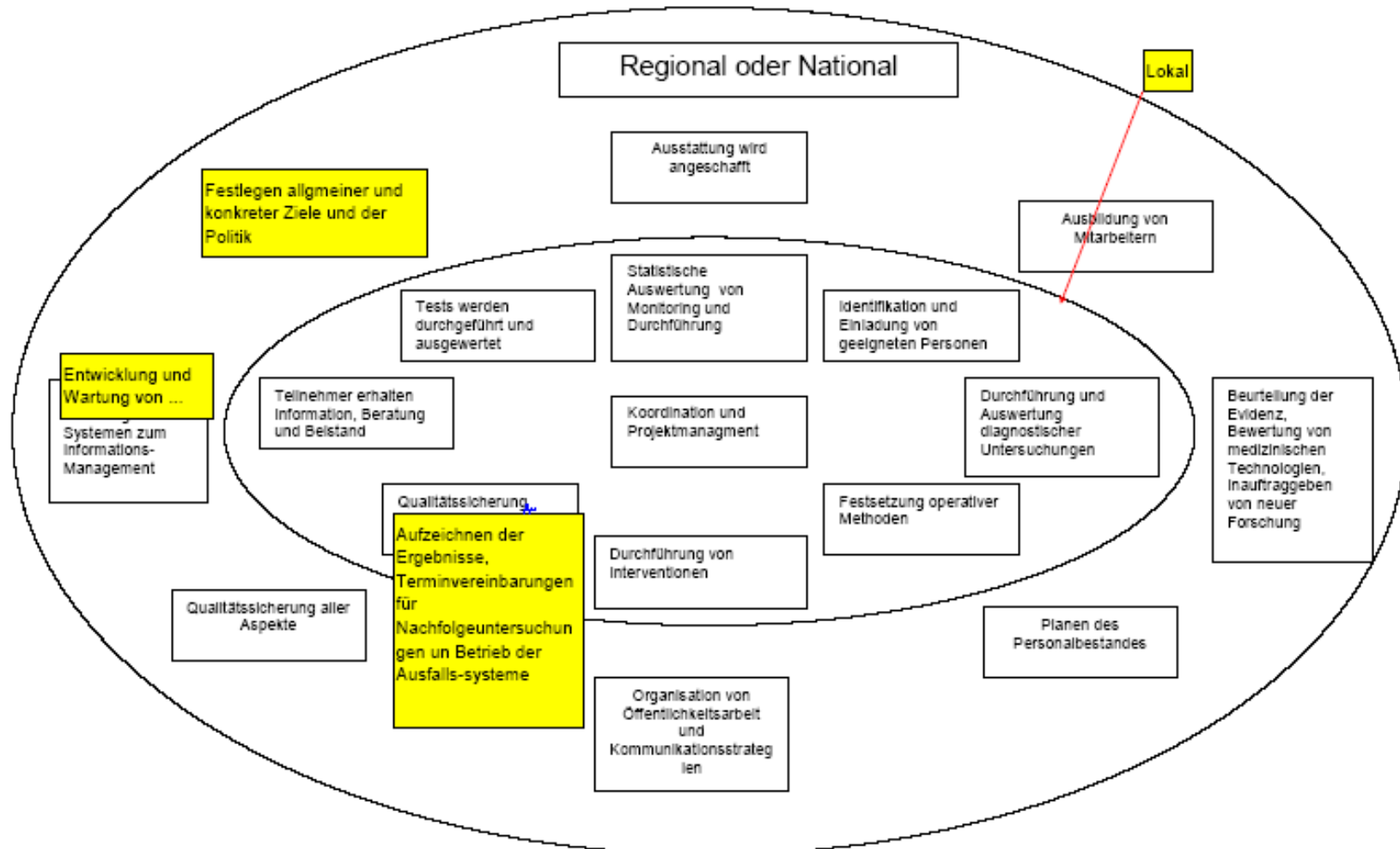
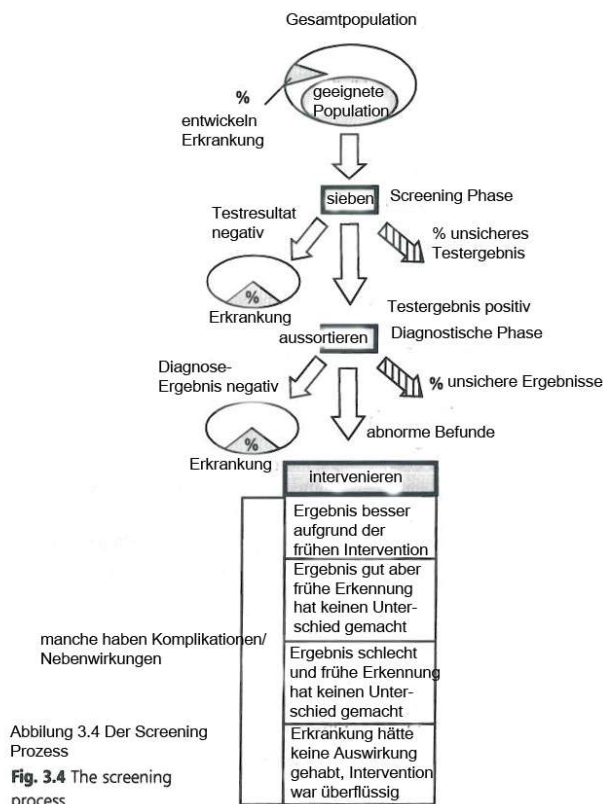


Abbildung 5.1, Screening – Durchführung und Nutzen von Vorsorgeuntersuchungen, Raffle A., Gray M., Bern 2009, Dt. Übers. Piribauer et.al.

How is benefit produced and harm reduced? = National evidence on impact and outcome reported

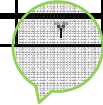
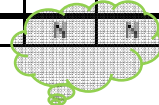


1. Screening flow diagrams on local, regional and national level produce annual figures
 - » per target disease
2. Reports on functioning (performance) of all fields in the screening landmap
3. Interventions (site visits, etc) and improvement steps
4. Clear and realistic responsibilities on all 3 levels and for all fields
5. Accountability to the public

The EU (screening scientific community) watches us carefully, but silently (still)

Annex 5: Cancer Screening In the European Union - Qualitative Description

	1. Implementation of cancer screening programmes - key aspects												2. Screening data registration & management				3. Screening programmes monitoring				
	1a1	1a2	1a3	1b	1c	1d	1e-q1	1e-q2	1f1	1f2	1f3	1g	1h	2a	2b	2c	2d	3a1	3a2	3b	3c
Council Recommendations	Population-based screening with QA at all appropriate levels using			EU breast guidelines	Fully informed	Adequate care for	Human & finan. resources for organisation & QC		Implementation decisions based on			Call/ Recall, effective	Data protection	Centralised data systems	Call/ recall system	Collect, manage & evaluate data	Data handling in full accordance	Regular monitoring of process & outcome of organised screening	ENCR screening data base standards & EU laws	National cancer registries monitor programme	
EC Questionnaire	14a	14b	14c	15	16	17	18a	18b	19a	19b	19c	20	21	22	23	24	25	26a	26b	27	28
	PAP	Mx	FOBT	Followed		Screen-positives	Provided	Adequate	Disease burden & health resources	Side effects/ cost-effectiv.	Sci. trials/ pilots	Diagn. treatm. After care		For running programmes	To invite all targeted persons	On test, assessment, diagnoses	With data protection legislation	By independent peer review	With quick reports to public and staff	On data protection fully followed	At adequate intervals
Austria	N*	Y#	N#	Y	Y	Y	N	N	Y	Y	Y	Y	Y	Y	Y	Y	Y	N	Y	N*	N



The EU watches us⁵

- Human + financial resources for
 - A) organisation and
 - B) Quality Control (QC)
 - » NO, NO
 - » How would hospitals function without ?

- Call/Recall Systems in place:
 - EU clearly misinformed
 - » if a patient relevant, internationally comparable, population wide call/recall IT-system is meant

Summary / Conclusion / Discussion

- Summary
 - What does evidence , What is a screening programme, National evidence on benefit/harm produced
 - The EU watches us
- Conclusions
 - Much is to learn, and then implement with real resources
 - » Management as much as science
 - Perspective now better than ever
 - » The IASC translated a “screening” book which covers all essential topics in German: ISBN: 978-3-456-84698-9
- Discussion
 - I am happy to learn from you now – THANK YOU -